

FILED FEB 14 1951

# STANDARD CERTIFICATE OF DEATH

**State File No.** \_\_\_\_\_

Registrar's No. 55

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>2016</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt Summit</u> <u>0140</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles - N - W - of town</u>			
3. NAME OF DECEASED (Type or Print) <u>Lewis Green Forbis</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 21, 1859</u>	
9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>		10. IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>John Forbis</u>		13b. MOTHER'S MAIDEN NAME <u>Charles McDaniel</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Forbis - (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none or known) (If yes, specify date or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O. N. Kenney - Fulton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Lobar</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Fracture Hip</u>							
DUE TO (c) <u></u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Fractured L. Hip 014</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Holt Summit Mo Callaway</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 1951 2P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>He fell</u>			
22. I hereby certify that, I attended the deceased from <u>Jan 21, 1951</u> , to <u>Feb 2, 1951</u> , that I last saw the deceased alive on <u>July 1, 1951</u> , and that death occurred at <u>1 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. R. Reddick M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>2-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 4 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Holt Summit, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 8 - 1951</u>				REGISTRAR'S SIGNATURE <u>R. P. Harris M.D. - M.D.</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>James Lewis - 705 Fulton</u>				ADDRESS <u></u>			

RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-13-51 \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 8641

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.